

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TK</i>	<i>62614</i>	<i>6/8/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>6-13-00</i>
FORMALITY REVIEW		<i>71423</i>	<i>8-13-00</i>
RESPONSE FORMALITY REVIEW		<i>71423</i>	<i>9-7-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy